

02 FEB 2006

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/538388

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4	/		/				54						
5	/		/				55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9		1		/			59						
10		1		/			60						
11		1		/			61						
12		1		/			62						
13		1		/			63						
14		1		/			64						
15		1		/			65						
16		1		/			66						
17		1		/			67						
18		1		/			68						
19		2		/			69						
20		14		/			70						
21		12		/			71						
22		14		/			72						
23		14		/			73						
24		14		/			74						
25		14		/			75						
26		14		/			76						
27		14		/			77						
28		1		/			78						
29	/		/				79						
30		1		/			80						
31		1		/			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	131	←	27	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	135		31				TOTAL CLAIMS						

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